

AO 435 AZ Form (Rev. 10/2018)		Administrative Office of the United States Courts TRANSCRIPT ORDER			FOR COURT USE ONLY DUE DATE:	
1. NAME Darrel M. Bow		2. PHONE NUMBER 540-623-4911		3. DATE 09/13/2022		
4. FIRM NAME						
5. MAILING ADDRESS 10034 Tarrington Way			6. CITY Spotsylvania	7. STATE VA	8. ZIP CODE 22551	
9. CASE NUMBER 2:22-cv-00677-JJT		10. JUDGE Tuchi		DATES OF PROCEEDINGS 11. July 21, 2022 9am 12.		
13. CASE NAME Lake and Finchem vs Hobbs, et al.			LOCATION OF PROCEEDINGS 14. Courtroom 505 15. STATE AZ			
16. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER (Specify)						
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)						
PORTIONS		DATE(S)		PORTION(S)	DATE(S)	
<input type="checkbox"/> VOIR DIRE				<input checked="" type="checkbox"/> TESTIMONY (Specify)	July 21, 2022	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)				OFFICIAL TRANSCRIPT		
<input type="checkbox"/> OPENING STATEMENT (Defendant)						
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)						
<input type="checkbox"/> OPINION OF COURT						
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> SENTENCING						
<input type="checkbox"/> BAIL HEARING						
18. ORDER						
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)	ESTIMATED COSTS	
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY <input checked="" type="checkbox"/> PDF (e-mail) <input type="checkbox"/> ASCII (e-mail)		
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>				
7 DAYS(expedited)	<input type="checkbox"/>	<input type="checkbox"/>				
3 DAYS	<input type="checkbox"/>	<input type="checkbox"/>				
DAILY	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>				
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>		E-MAIL ADDRESS bowdmc@yahoo.com		
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).						
19. SIGNATURE s/ Darrel M. Bow						
20. DATE 09-13-2022						
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL		
ORDER RECEIVED		DATE	BY	PROCESSED BY PHONE NUMBER		
DEPOSIT PAID				DEPOSIT PAID		
TRANSCRIPT ORDERED				TOTAL CHARGES		
TRANSCRIPT RECEIVED				LESS DEPOSIT		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY